



MASSWILDLIFE

## DIVISION OF FISHERIES & WILDLIFE

1 Rabbit Hill Road, Westborough, MA 01581  
p: (508) 389-6300 | f: (508) 389-7890  
**MASS.GOV/MASSWILDLIFE**

Jack Buckley, Director

### **Youth Turkey Hunt Participant Registration Form** **(TO BE COMPLETED BY PARENT/ LEGAL GUARDIAN)**

Once completed this form may be mailed to Field Headquarters (1 Rabbit hill Rd, Westborough MA 01581), faxed (508-389-7890), or sent through email to [astrid.huseby@state.ma.us](mailto:astrid.huseby@state.ma.us)

Name of Sportsmen's Club Hosting the Program:

\_\_\_\_\_

Will you need a mentor from the club for the day of the youth hunt? Yes ☐ No ☐

Youth participant's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hunter Education Certificate Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**If age 15-17:** Firearm Identification Number: \_\_\_\_\_ Customer ID Number: \_\_\_\_\_

Please answer the below questions about the youth's hunting experience.

To what degree do you think your family, friends, and/or peers are supportive of hunting?

- ☐ Very supportive ☐ Not supportive  
☐ Supportive ☐ Very unsupportive

Please indicate whether any of the following groups you know hunt and, if so, approximately how often they hunt. (Check only one option per row)

Who	How often they hunt				Do not hunt
	More than once a year	Once a year	Once every 2 years	Once every 5 years	
Direct family (parents, siblings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (aunts, uncles, grandparents, cousins)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Have you hunted in the past?

- ☐ Yes (if yes, how many times have you hunted? \_\_\_\_\_)
- ☐ No

Have you turkey hunted in the past?

- ☐ Yes (if yes, how many times? \_\_\_\_\_ Have you ever harvested a turkey? \_\_\_\_\_)
- ☐ No

How interested are you in going hunting in the future?

- ☐ Very interested
- ☐ Interested
- ☐ Not very interested
- ☐ Not at all interested

How likely do you think it is that you will hunt in the future?

- ☐ Very likely
- ☐ Likely
- ☐ Not likely
- ☐ Very unlikely

What would increase the likelihood that you would hunt in the future?

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*I understand and agree that by signing this registration form I will follow all safety precautions as they are explained to me.*

\_\_\_\_\_  
*Youth Participant's signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/legal guardian's signature*

\_\_\_\_\_  
*Date*

**Parent/legal guardian's name (*print*):** \_\_\_\_\_

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**Release and Indemnification Agreement**

**(TO BE COMPLETED BY PARENT/ LEGAL GUARDIAN)**

In consideration for, and as an inducement to the \_\_\_\_\_ Club (club) allowing my child to participate in the **Youth Turkey Hunt Program** (program), and recognizing that my child's participation in the program involves the use of firearms I, \_\_\_\_\_, parent/legal guardian intending to be legally bound, hereby, for my child, myself, my heirs, executors and administrators, voluntarily assume all risks of accident, injury or death and release and forever discharge the Commonwealth of Massachusetts, acting by and through the Division of Fisheries and Wildlife within the Department of Fish and Game and its officers, employees and agents (Commonwealth), the club and their officers, agents, employees, volunteers and assigns (collectively, the parties) of and from any and all claims, debts, demands, actions, causes of actions, suits, dues, sum and sums of money, accounts, reckonings, bonds, specialties, agreements, promises, doings, omissions, damages, executions and liabilities of whatsoever kind and nature, including but not limited to any and all liability for personal injury, death or property damage of any kind, both at law and in equity, and any that have been or may be claimed before any governmental agency, which have arisen or may arise as a result of or in association with my child's participation in the program.

I hereby further covenant and agree that I shall save the parties harmless and shall indemnify the parties from and against any and all claims, liabilities and costs for any personal injury, death, property damage or other damages and loss that arise directly or indirectly out of or in connection with my child's participation in the Massachusetts Youth Turkey Hunt Program, including but not limited to the parties' negligence, reckless or intentional conduct. I further agree that the club shall at no time be considered an agent or representative of the Commonwealth. This hold harmless and indemnity agreement shall include indemnity against all costs, expenses and liabilities incurred in connection with any such injury, death, loss or damage or in defense of any claim or claims on account thereof, including reasonable attorney's fees.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Name (printed)

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Parental/ Legal Guardian Consent Form**

**(TO BE COMPLETED BY PARENT/ LEGAL GUARDIAN)**

I, \_\_\_\_\_ the parent/legal guardian  
of \_\_\_\_\_ (child) desire to have my child participate in  
the **Youth Turkey Hunt Program** held by the \_\_\_\_\_

Club, and hereby consent to my child's participation in the program and grant the club the unconditional right to use my child's name, voice and photographic likeness in connection with articles, press releases and audio/video productions resulting from this event.

In giving my consent for my child to participate in the program, I understand that hunting is a sport involving firearms which, if mishandled can be dangerous and cause serious injury and/or death to my child or others. I understand and agree that my child will use utmost care during his/her participation in the program, and agree that he/she will adhere to the standards, guidelines and requirements of hunting and firearms safety. I understand and agree that my child will follow the safety instructions given to him/her by the club, its members, agents, employees, instructors and volunteers. I understand and agree that the club reserves the right to remove my child from the program if, in their opinion his/her safety or the safety of others is jeopardized. I understand and agree that I or another adult authorized by me shall be present with my child during all activities and events of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
**Name (printed)**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Emergency Medical Authorization Form**

***CLUBS PLEASE KEEP ORIGINAL, SEND A COPY TO MDFW***

**(TO BE COMPLETED BY PARENT/ LEGAL GUARDIAN)**

Youth participant's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_\_) \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Health insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Residential parent or legal guardian: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate relative or childcare provider: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Known allergies: \_\_\_\_\_

Last tetanus shot: \_\_\_\_\_

Additional information/ special instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date